

Mini-Grant Contract Claim for Reimbursement



Nebraska Office of Highway Safety - NOHS P.O. Box 94612, Lincoln, NE 68509-4612 Telephone: (402) 471-2515 FAX: (402) 471-3865 Website: www.roads.ne.gov/nohs/	Date:
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From:	Agency:		Invoice Number:
	Address:		
	City, State, Zip:		Project Number:
	Telephone No.:		
	Contact Person:		
	E-Mail:		

REIMBURSEMENT REQUEST

Description	Amount
NOTE: To process this reimbursement all supporting documentation listed on the Mini-Grant Contract must be attached.	<div style="display: flex; justify-content: space-between;"> Total </div>

Current Claim Amount	Previous Claim Total <small>*Only use if previous claim has been made on this project.</small>	Total Claim to Date

CERTIFICATION:

I hereby certify the foregoing document is consistent with the terms of the grant contract and is a true and accurate accounting of the expenditures.

Signature of Authorized Official	Type/Print Name and Title	Date
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NOHS USE ONLY

Total Reimbursement	
Project Manager Review Initial/Date	
Supervisor Review Initial/Date	
Administrator Review Initials/Date	
Local %	
Accountant Date Paid/Initial	
Warrant #	

NDOR DOC#	
AB#	
TRANS	OE
ACTIVITY	ACCOUNT
NIGP	DATE
APPROVED (PRINT NAME) Fred E Zwonechek	
APPROVED SIGNATURE	
NOHS Project	Amount:

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